ASSESSMENT OF OVERALL DATA QUALITY AND COMPLETENESS
## *NEW MEXICO* 1999 TABLES

Nine tables for each State show the use of mental health and other services by Medicaid beneficiaries with mental health diagnoses in 1999. Enrollment and claims data from the Medicaid Analytic eXtract (MAX) files from the Centers for Medicare & Medicaid Services (CMS) are the source for these analyses. Because Medicaid programs differ across the States, and because administrative data vary in completeness and quality, caveats about the State's data should be considered in interpreting the information contained in these tables.

| New Mexico Data Comments |
| --- |
| **Diagnosis Codes:** Diagnosis codes were not included on crossover claims, which may account for the extremely low rates of identification of mental illness among aged (2 percent) and disabled (11 percent) beneficiaries. |
| **Inpatient Days:** New Mexico's inpatient crossover claims rarely included covered days. This causes inpatient hospital stays for groups of Medicaid beneficiaries that include a high proportion of dual eligibles (most aged and many disabled beneficiaries) to average "1" day in length, and explains the other low numbers that appear for some groups on Table 4. |

NEW MEXICO DATA QUALITY AND COMPLETENESS

Poor			Good
1	**2**	**3**	**4**
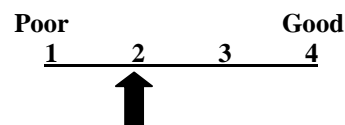
*The measure shown above reflects both managed care exclusions and other data issues noted to the left.

IMPACT OF MANAGED CARE EXCLUSIONS

Percent of Beneficiaries Excluded in New Mexico by Eligibility Group

Percent Excluded Because of Managed Care

42% 3% 44% 22% 50%

Legend:
- Beneficiaries Included
- Beneficiaries Excluded Because of Managed Care
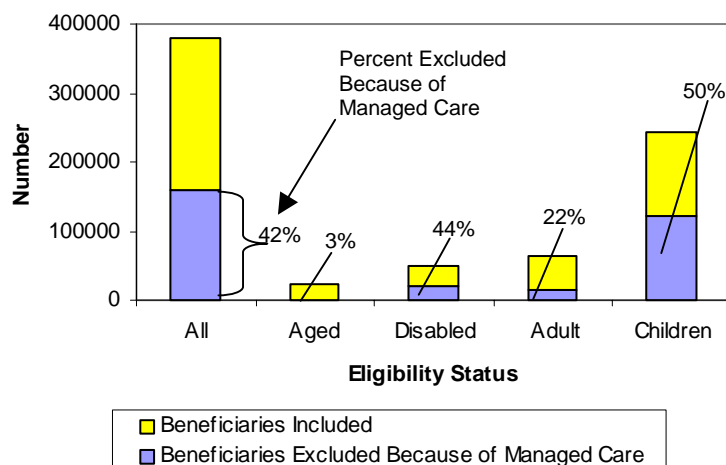
Individuals who are enrolled in comprehensive or behavioral capitated programs for all months enrolled are *excluded* from Tables 2 - 9 in the attached set of tables; those enrolled in fee-for-service Medicaid for at least one month are *included* in Tables 2 - 9. The effects of these exclusions vary by state, and, within state, by eligibility group. New Mexico's managed care exclusions are shown in the graph on the left.

TABLE 1
MEDICAID BENEFICIARIES AND EXPENDITURES
TOTAL AND FEE-FOR-SERVICE (FFS)
NEW MEXICO, CALENDAR YEAR 1999

Population Characteristics	Beneficiaries				Expenditures			
	Total Number	Percent of Total Beneficiaries	Number in Fee-for-Service (FFS) One or More Months	Percent in FFS One or More Months	Total Expenditures	Percent of Total Expenditures	Total for FFS	Percent for FFS
All	378,433	100%	219,355	58%	$1,054,929,270	100%	$439,063,015	42%
Age								
0-3	65,656	17%	32,618	50%	$100,120,174	9%	$17,545,241	18%
4-5	28,078	7%	14,014	50%	$30,607,816	3%	$3,019,480	10%
6-12	91,380	24%	43,845	48%	$130,535,635	12%	$16,647,806	13%
13-18	60,611	16%	30,067	50%	$140,903,219	13%	$24,715,866	18%
19-21	16,513	4%	11,248	68%	$43,221,914	4%	$7,535,083	17%
22-44	65,515	17%	47,496	73%	$236,037,653	22%	$82,965,153	35%
45-64	21,968	6%	12,662	58%	$155,766,389	15%	$77,131,423	50%
65 and older	28,710	8%	27,403	95%	$217,736,470	21%	$209,502,963	96%
Gender								
Female	218,799	58%	134,675	62%	$601,808,021	57%	$260,943,598	43%
Male	159,621	42%	84,671	53%	$453,070,385	43%	$178,107,794	39%
Race								
White	99,772	26%	60,742	61%	$393,019,624	37%	$204,615,304	52%
Black	9,409	2%	5,150	55%	$22,595,861	2%	$7,252,237	32%
Hispanic	191,730	51%	102,411	53%	$402,212,488	38%	$130,402,442	32%
American Indian/Alaskan Native	64,346	17%	43,074	67%	$171,817,135	16%	$72,831,251	42%
Asian/Pacific Islander	1,921	1%	1,003	52%	$4,194,649	0%	$888,977	21%
Other/Unknown	11,255	3%	6,975	62%	$61,089,513	6%	$23,072,804	38%
Dual Status								
Aged Duals with Full Medicaid	21,225	6%	20,995	99%	$198,348,679	19%	$195,708,595	99%
Disabled Duals with Full Medicaid	9,656	3%	9,252	96%	$105,244,844	10%	$97,360,877	93%
Duals with Limited Medicaid	8,439	2%	8,439	100%	$9,353,021	1%	$9,266,990	99%
Other Duals	210	0%	151	72%	$311,844	0%	$100,530	32%
Disabled Non-Duals	29,916	8%	8,868	30%	$298,019,224	28%	$63,602,522	21%
All Other Non-Duals	308,987	82%	171,650	56%	$443,651,658	42%	$73,023,501	16%
Eligibility Group								
Aged	21,753	6%	21,118	97%	$173,112,781	16%	$170,780,410	99%
Disabled	48,645	13%	27,027	56%	$443,955,148	42%	$199,473,972	45%
Adults	64,685	17%	50,749	78%	$110,620,276	10%	$20,540,183	19%
Children	243,350	64%	120,461	50%	$327,241,065	31%	$48,268,450	15%

Notes: Months are defined as fee-for-service (FFS) if they are months when an individual is enrolled in Medicaid but not in a Medicaid capitated comprehensive managed care or behavioral managed care plan. For subsequent tables, only FFS months are included.

Beneficiaries are all individuals enrolled in Medicaid, including children in Medicaid-SCHIP, for at least one month in the calendar year.

Expenditures are claims-based Medicaid payments, including both federal and state share.

Expenditures for FFS months are defined as expenditures for services during FFS months minus expenditures for capitation premium payments.

Eligibility Groups are mutually exclusive. All individuals age 65 or over are in the Aged group; all remaining individuals who are in Medicaid due to disability are in the Disabled group; remaining individuals are classified as Adults or Children according to whether they are classified as Adults or Children in state enrollment files.

Table1

	Total Number of Beneficiaries in FFS Population	FFS Mental Health Population		Total Expenditures for FFS Population	FFS Expenditures for Mental Health Population	
		Number of Beneficiaries	Percent of Total FFS Beneficiaries		Total Amount	Percent of Total FFS Expenditures
All	219,355	9,318	4%	$439,063,015	$58,679,552	13%
Age						
0-3	32,618	193	1%	$17,545,241	$251,308	1%
4-5	14,014	245	2%	$3,019,480	$288,512	10%
6-12	43,845	2,070	5%	$16,647,806	$8,851,783	53%
13-18	30,067	2,447	8%	$24,715,866	$16,737,523	68%
19-21	11,248	255	2%	$7,535,083	$1,359,979	18%
22-44	47,496	2,418	5%	$82,965,153	$12,122,732	15%
45-64	12,662	1,184	9%	$77,131,423	$12,851,000	17%
65 and Older	27,403	506	2%	$209,502,963	$6,216,715	3%
Gender						
Female	134,675	4,762	4%	$260,943,598	$27,392,326	11%
Male	84,671	4,556	5%	$178,107,794	$31,287,226	18%
Race						
White	60,742	3,723	6%	$204,615,304	$25,433,610	12%
Black	5,150	245	5%	$7,252,237	$1,145,781	16%
Hispanic	102,411	3,268	3%	$130,402,442	$12,928,257	10%
American Indian/Alaskan Native	43,074	1,640	4%	$72,831,251	$15,487,587	21%
Asian/Pacific Islander	1,003	29	3%	$888,977	$268,677	30%
Other/Unknown	6,975	413	6%	$23,072,804	$3,415,640	15%
Dual Status						
Aged Duals with Full Medicaid	20,995	403	2%	$195,708,595	$4,847,668	2%
Disabled Duals with Full Medicaid	9,252	1,254	14%	$97,360,877	$12,363,125	13%
Duals with Limited Medicaid	8,439	179	2%	$9,266,990	$264,031	3%
Other Duals	151	6	4%	$100,530	$16,031	16%
Disabled Non-Duals	8,868	1,414	16%	$63,602,522	$20,303,265	32%
All Other Non-Duals	171,650	6,062	4%	$73,023,501	$20,885,432	29%
Eligibility Group						
Aged	21,118	261	1%	$170,780,410	$3,361,708	2%
Disabled	27,027	3,002	11%	$199,473,972	$34,862,717	17%
Adults	50,749	1,445	3%	$20,540,183	$1,273,883	6%
Children	120,461	4,610	4%	$48,268,450	$19,181,244	40%

Note: The FFS mental health population includes all FFS beneficiaries who had one or more of the mental health diagnoses shown in Table 3 as a primary diagnosis on at least one Medicaid claim during 1999, or who received a clearly identifiable mental health service during the year (inpatient psychiatric service for age 65+ or under age 22, or nursing facility mental health service for age 65+).

Expenditures are claims-based Medicaid payments, including both federal and state share.

Expenditures for FFS months are defined as expenditures for services during FFS months minus expenditures for capitation premium payments.

Eligibility Groups are mutually exclusive. All individuals age 65 or over are in the Aged group; all remaining individuals who are in Medicaid due to disability are in the Disabled group; remaining individuals are classified as Adults or Children according to whether they are classified as Adults or Children in state enrollment files.

Table2

TABLE 3
MEDICAID FFS MENTAL HEALTH POPULATION
BY DIAGNOSTIC CATEGORY AND AGE GROUP
NEW MEXICO, CALENDAR YEAR 1999

Diagnostic Category	All Ages		21 and Under		22-64		65 and Older	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Schizophrenia	892	10%	57	1%	740	21%	95	19%
Major depression and affective psychoses	1,598	17%	516	10%	973	27%	109	22%
Other psychoses	136	1%	29	1%	78	2%	29	6%
Childhood psychoses	91	1%	80	2%	11	0%	0	0%
Neurotic & other depressive disorders	1,976	21%	649	12%	1,133	31%	194	38%
Personality disorders	318	3%	263	5%	47	1%	8	2%
Other mental disorders	151	2%	51	1%	76	2%	24	5%
Special symptoms or syndromes	356	4%	177	3%	163	5%	16	3%
Stress & adjustment reactions	1,248	13%	891	17%	336	9%	21	4%
Conduct disorders	366	4%	343	7%	22	1%	1	0%
Emotional disturbances	465	5%	463	9%	2	0%	0	0%
Hyperkinetic syndrome	1,289	14%	1,267	24%	21	1%	1	0%
No Diagnosis	432	5%	424	8%	0	0%	8	2%
Total	9,318	100%	5,210	100%	3,602	100%	506	100%

Notes: The FFS mental health population includes all FFS beneficiaries who had one or more of the mental health diagnoses shown in this table as a primary diagnosis on at least one Medicaid claim during 1999, or who received a clearly identifiable mental health service during the year (inpatient psychiatric service for age 65+ or under age 22, or nursing facility mental health service for age 65+).

The diagnostic category for each user is the one that occurred most frequently among primary diagnoses on claims during the year.

Schizophrenia (ICD-9 CM diagnosis codes beginning with 295) includes both chronic and acute schizophrenic disorders.

Major depression and affective psychoses (ICD-9 CM diagnosis codes beginning with 296) includes manic, depressive, and bipolar disorders.

Other psychoses (ICD-9 CM diagnosis codes beginning with 297 or 298) includes paranoid states, delusional disorders, depressive psychosis, and reactive psychoses.

Childhood psychoses (ICD-9 CM diagnosis codes beginning with 299) includes infantile autism, disintegrative disorders, and childhood type schizophrenia.

Neurotic & other depressive disorders (ICD-9 CM diagnosis codes beginning with 300 or 311) includes anxiety states; phobic, obsessive compulsive, and other neurotic disorders; and unspecified depressive disorders.

Personality disorders (ICD-9 CM diagnosis codes beginning with 301) includes affective, schizoid, explosive, histrionic, antisocial, dependent, and other personality disorders.

Other mental disorders (ICD-9 CM diagnosis codes beginning with 302, 306, or 310) includes sexual deviations, physiological malfunction arising from mental factors, and nonpsychotic mental disorders due to organic brain damage.

Special symptoms or syndromes (ICD-9 CM diagnosis codes beginning with 307) includes eating disorders, tics and repetitive movement disorders, sleep disorders, and enuresis.

Stress & adjustment reactions (ICD-9 CM diagnosis codes beginning with 308 or 309) includes acute reaction to stress; depressive reaction, and separation disorders, and conduct disturbance.

Conduct disorders (ICD-9 CM diagnosis codes beginning with 312) includes aggressive outbursts, truancy, delinquency, kleptomania, impulse control disorder, and other conduct disorders.

Emotional disturbances (ICD-9 CM diagnosis codes beginning with 313) includes overanxious disorder, shyness, relationship problems and other mixed emotional disturbances of childhood or adolescence such as oppositional disorder.

Hyperkinetic syndrome (ICD-9 CM diagnosis codes beginning with 314) includes attention deficit with and without hyperactivity and hyperkinesis with or without developmental delay.

Table3

TABLE 4
PSYCHIATRIC AND GENERAL INPATIENT HOSPITAL USE AND AVERAGE ANNUAL HOSPITAL DAYS PER USER
FOR MEDICAID FFS MENTAL HEALTH POPULATION, BY SEX AND AGE GROUP
NEW MEXICO, CALENDAR YEAR 1999

Sex	Age Group	Psychiatric Hospital		General Inpatient Hospital — Mental Health Treatment		Total Inpatient Hospital — Mental Health Treatment			General Inpatient Hospital Use by FFS MH Population for Non-Mental Health Diagnoses		
		Number of Users	Average Annual Days Per User	Number of Users	Average Annual Days Per User	Number of Users	Percent of Total FFS Mental Health Beneficiaries	Average Annual Days Per User	Number of Users	Percent of Total FFS Mental Health Beneficiaries	Average Annual Days Per User
Female	0-3	0	0	0	0	0	0%	0	11	12%	10
	4-5	2	33	1	60	3	4%	42	1	1%	2
	6-12	63	177	10	10	68	11%	166	9	1%	11
	13-18	309	93	44	12	335	33%	88	35	3%	5
	19-21	5	60	2	3	7	4%	43	15	9%	4
	22-44	0	0	28	6	28	2%	6	283	17%	2
	45-64	0	0	11	15	11	1%	15	312	42%	2
	65+	6	0	5	7	10	2%	3	233	58%	1
	All Ages	385	105	101	11	462	10%	90	899	19%	2
Male	0-3	1	30	1	3	2	2%	17	4	4%	14
	4-5	2	55	0	0	2	1%	55	1	1%	2
	6-12	132	183	18	28	137	10%	180	12	1%	4
	13-18	527	72	38	24	548	38%	71	30	2%	6
	19-21	12	97	6	65	18	19%	86	13	14%	20
	22-44	0	0	14	9	14	2%	9	300	38%	2
	45-64	0	0	9	7	9	2%	7	202	47%	4
	65+	3	0	0	0	3	3%	0	57	54%	0
	All Ages	677	94	86	23	733	16%	89	619	14%	3
Total	0-3	1	30	1	3	2	1%	17	15	8%	11
	4-5	4	44	1	60	5	2%	47	2	1%	2
	6-12	195	181	28	21	205	10%	175	21	1%	7
	13-18	836	80	82	18	883	36%	77	65	3%	5
	19-21	17	86	8	49	25	10%	74	28	11%	12
	22-44	0	0	42	7	42	2%	7	583	24%	2
	45-64	0	0	20	12	20	2%	12	514	43%	3
	65+	9	0	5	7	13	3%	3	290	57%	1
	All Ages	1,062	98	187	16	1,195	13%	89	1,518	16%	3

Notes: All beneficiaries in this table had a mental health diagnosis as the primary diagnosis on a FFS Medicaid claim during 1999, or received a clearly identifiable mental health service (inpatient psychiatric service for age 65+ or under age 22, or nursing facility mental health service for age 65+).

Those who received inpatient hospital services for which the primary diagnosis on the hospital claim was a mental health diagnosis are shown in the "General Inpatient Hospital – Mental Health Treatment" column. Those who received inpatient hospital services for which the primary diagnosis on the claim was not a mental health diagnosis are shown in the "General Inpatient Hospital Use by FFS MH Population for Non-Mental Health Diagnoses" column.

When a dually eligible beneficiary's inpatient stay is primarily covered by Medicare, Medicaid often pays a deductible. Some states interpret their payment of the deductible as Medicaid coverage for one day of the stay. Other states interpret "Medicaid covered days" as including only days covered in full by Medicaid, and thus report zero covered days on a crossover stay. Another group of states reports the number of days covered by Medicare as covered days. Finally, many states do not retain any details about lengths of stay on crossover claims. For any one or combination of these reasons, average lengths of stay for beneficiaries who are dually eligible (most aged and some adults) are inaccurately reduced because of the presence of individual claims with "1" or "0" covered days. In some circumstances this even causes inpatient hospital stays to average "0" days in length, and it explains more generally the low numbers that appear for some groups on Table 4.

Individuals may appear in more than one column on this table.

Table4

TABLE 5
EMERGENCY ROOM USE FOR MEDICAID FFS MENTAL HEALTH AND NON-MENTAL
HEALTH BENEFICIARIES, BY SEX AND AGE GROUP
NEW MEXICO, CALENDAR YEAR 1999

Sex	Age Group	Mental Health Beneficiaries With Any Emergency Room Use					Non- Mental Health Beneficiaries With Any Emergency Room Use		
		Number	Percent of Total FFS Mental Health Beneficiaries	Average Number of Emergency Room Visits for Users of Any ER Visits			Number	Percent of Total FFS Non-Mental Health Beneficiaries	Number of Emergency Room Visits for Users of Any ER Visits
				For Mental Health Treatment	For Non-Mental Health Treatment	All ER Visits			
Female	0-3	12	13%	0.08	1.17	1.25	1,202	8%	1.24
	4-5	10	12%	0.10	1.30	1.40	306	5%	1.18
	6-12	38	6%	0.13	1.45	1.58	632	3%	1.14
	13-18	146	14%	0.33	1.40	1.73	781	5%	1.25
	19-21	30	19%	0.23	1.00	1.23	698	7%	1.39
	22-44	250	15%	0.40	1.38	1.78	1,886	5%	1.33
	45-64	88	12%	0.30	1.58	1.88	283	4%	1.54
	65+	16	4%	0.06	1.25	1.31	60	0%	1.22
	All Ages	590	12%	0.32	1.39	1.71	5,848	5%	1.29
Male	0-3	18	17%	0.11	1.22	1.33	1,383	8%	1.24
	4-5	8	5%	0.00	1.50	1.50	316	5%	1.17
	6-12	80	6%	0.11	1.04	1.15	681	3%	1.16
	13-18	138	10%	0.22	1.09	1.32	500	4%	1.20
	19-21	17	18%	0.29	1.18	1.47	87	6%	1.45
	22-44	101	13%	0.67	1.52	2.20	425	5%	1.46
	45-64	62	14%	0.31	1.90	2.21	230	5%	1.50
	65+	4	4%	0.00	1.25	1.25	36	0%	1.28
	All Ages	428	9%	0.31	1.32	1.63	3,658	5%	1.26
Total	0-3	30	16%	0.10	1.20	1.30	2,585	8%	1.24
	4-5	18	7%	0.06	1.39	1.44	622	5%	1.17
	6-12	118	6%	0.12	1.17	1.29	1,313	3%	1.15
	13-18	284	12%	0.28	1.25	1.53	1,281	5%	1.23
	19-21	47	18%	0.26	1.06	1.32	785	7%	1.39
	22-44	351	15%	0.48	1.42	1.90	2,311	5%	1.35
	45-64	150	13%	0.30	1.71	2.01	513	4%	1.53
	65+	20	4%	0.05	1.25	1.30	96	0%	1.24
	All Ages	1,018	11%	0.32	1.36	1.68	9,506	5%	1.28

Notes: An emergency room visit is classified as "for mental health treatment" if one of the mental health diagnoses in Table 3 is shown as the primary diagnosis on the emergency room claim. If any other diagnosis is shown as the primary diagnosis on the claim, the emergency room visit is classified as being for non-mental health treatment. Visits are defined by unique dates of service.

FFS mental health beneficiaries include all FFS beneficiaries who had one or more of the mental health diagnoses shown in Table 3 as a primary diagnosis on at least one Medicaid claim during 1999, or who received a clearly identifiable mental health service during the year (inpatient psychiatric service for age 65+ or under age 22, or nursing facility mental health service for age 65+).

Table5

TABLE 6

PRESCRIPTION PYSCHOTROPIC DRUG USE FOR MEDICAID FFS MENTAL HEALTH

AND NON-MENTAL HEALTH BENEFICIARIES, BY AGE GROUP

NEW MEXICO, CALENDAR YEAR 1999

Age Group	*Total* FFS Beneficiaries with Any Psychotropic Drug Use		FFS *Mental Health* Beneficiaries with Any Psychotropic Drug Use		FFS *Non-Mental Health* Beneficiaries with Any Psychotropic Drug Use	
	Number	Percent of Total FFS Beneficiaries	Number	Percent of Total FFS MH Beneficiaries	Number	Percent of Total FFS Non-MH Beneficiaries
0-3	295	1%	5	3%	290	1%
4-5	108	1%	33	13%	75	1%
6-12	956	2%	560	27%	396	1%
13-18	891	3%	598	24%	293	1%
19-21	192	2%	67	26%	125	1%
22-44	3,769	8%	1,200	50%	2,569	6%
45-64	3,289	26%	796	67%	2,493	22%
65+	7,909	29%	371	73%	7,538	28%
All Ages	17,409	8%	3,630	39%	13,779	7%

Notes: FFS mental health beneficiaries include all FFS beneficiaries who had one or more of the mental health diagnoses shown in Table 3 as a primary diagnosis on at least one Medicaid claim during 1999, or who received a clearly identifiable mental health service during 1999 (inpatient psychiatric service for age 65+ or under age 22, or nursing facility mental health service for age 65+).

Psychotropic drugs are defined as drugs in any of the categories shown on Table 7, as grouped by Multum prescription drug grouping software.

Non-mental health beneficiaries who are dual eligibles may have received mental health treatment under Medicare that is not seen in Medicaid coinsurance claims.

Table6

TABLE 7

PERCENT OF MEDICAID FFS MENTAL HEALTH BENEFICIARIES *AGE 21 AND UNDER* WHO
USED PRESCRIPTION PSYCHOTROPIC DRUGS,
BY DIAGNOSTIC CATEGORY AND DRUG TYPE
NEW MEXICO, CALENDAR YEAR 1999

Diagnostic Category	Number of FFS MH Beneficiaries by Diagnostic Category	Type of Psychotropic Drug						No Psychotro-pic Drug Use
		Antidepres-sants	Antipsycho-tics	Anti-Anxiety Agents	Mood Stabilizing Agents	Stimulants	More than One Psychotro-pic Drug Type	
Schizophrenia	57	21%	30%	5%	5%	4%	23%	5%
Major depression and affective psychoses	516	29%	9%	5%	6%	5%	14%	12%
Other psychoses	29	17%	31%	17%	3%	0%	21%	7%
Childhood psychoses	80	19%	14%	5%	3%	14%	18%	15%
Neurotic & other depressive disorders	649	16%	3%	5%	1%	2%	6%	16%
Personality disorders	263	14%	7%	4%	2%	12%	11%	8%
Other mental disorders	51	4%	0%	8%	0%	2%	2%	22%
Special symptoms or syndromes	177	3%	2%	2%	1%	1%	2%	28%
Stress & adjustment reactions	891	8%	3%	2%	0%	5%	4%	16%
Conduct disorders	343	14%	7%	5%	1%	7%	9%	12%
Emotional disturbances	463	10%	3%	3%	0%	4%	6%	17%
Hyperkinetic syndrome	1,267	8%	3%	2%	0%	33%	7%	9%
No Diagnosis	424	22%	7%	3%	1%	7%	11%	15%
Total	**5,210**	**13%**	**5%**	**3%**	**1%**	**12%**	**8%**	**76%**

Notes: The percentages shown do not add to 100 percent because service users with a specific diagnosis may use more than one type of drug. Psychotropic drugs are defined and grouped according to Multum prescription drug grouping software.

The diagnostic category for each user was the beneficiary's most frequent diagnosis category in the year.

FFS mental health beneficiaries include all FFS beneficiaries who had one or more of the mental health diagnoses shown in this table as a primary diagnosis on at least one Medicaid claim during 1999, or who received a clearly identifiable mental health service during the year (inpatient psychiatric service for age 65+ or under age 22, or nursing facility mental health service for age 65+).

Table7

TABLE 8
PERCENT OF MEDICAID FFS MENTAL HEALTH BENEFICIARIES *AGE 22 TO 64* WHO
USED PRESCRIPTION PSYCHOTROPIC DRUGS,
BY DIAGNOSTIC CATEGORY AND DRUG TYPE
NEW MEXICO, CALENDAR YEAR 1999

Diagnostic Category	Number of FFS MH Beneficiaries by Diagnostic Category	Type of Psychotropic Drug						No Psychotro-pic Drug Use
		Antidepres-sants	Antipsycho-tics	Anti-Anxiety Agents	Mood Stabilizing Agents	Stimulants	More than One Psychotro-pic Drug Type	
Schizophrenia	740	38%	74%	37%	6%	0%	53%	5%
Major depression and affective psychoses	973	53%	26%	38%	9%	2%	44%	10%
Other psychoses	78	32%	51%	35%	1%	0%	41%	14%
Childhood psychoses	11	55%	91%	73%	0%	0%	82%	0%
Neurotic & other depressive disorders	1,133	35%	7%	25%	1%	0%	20%	16%
Personality disorders	47	51%	28%	36%	4%	0%	40%	6%
Other mental disorders	76	29%	17%	25%	1%	0%	22%	16%
Special symptoms or syndromes	163	24%	4%	25%	1%	1%	14%	26%
Stress & adjustment reactions	336	27%	7%	21%	0%	1%	16%	24%
Conduct disorders	22	27%	23%	32%	0%	0%	27%	14%
Emotional disturbances	2	50%	50%	0%	0%	0%	50%	50%
Hyperkinetic syndrome	21	24%	5%	19%	0%	33%	24%	14%
No Diagnosis	0	0%	0%	0%	0%	0%	0%	0%
Total	**3,602**	**39%**	**27%**	**31%**	**4%**	**1%**	**34%**	**45%**

Notes: The percentages shown do not add to 100 percent because service users with a specific diagnosis may use more than one type of drug. Psychotropic drugs are defined and grouped according to Multum prescription drug grouping software.

The diagnostic category for each user was the beneficiary's most frequent diagnosis category in the year.

FFS mental health beneficiaries include all FFS beneficiaries who had one or more of the mental health diagnoses shown in this table as a primary diagnosis on at least one Medicaid claim during 1999, or who received a clearly identifiable mental health service during the year (inpatient psychiatric service for age 65+ or under age 22, or nursing facility mental health service for age 65+).

Table8

TABLE 9
PERCENT OF MEDICAID FFS MENTAL HEALTH BENEFICIARIES *AGE 65 AND OLDER* WHO
USED PRESCRIPTION PSYCHOTROPIC DRUGS,
BY DIAGNOSTIC CATEGORY AND DRUG TYPE
NEW MEXICO, CALENDAR YEAR 1999

Diagnostic Category	Number of FFS MH Beneficiaries by Diagnostic Category	Type of Psychotropic Drug						No Psychotropic Drug Use
		Antidepressants	Antipsychotics	Anti-Anxiety Agents	Mood Stabilizing Agents	Stimulants	More than One Psychotropic Drug Type	
Schizophrenia	95	39%	83%	39%	7%	0%	55%	1%
Major depression and affective psychoses	109	64%	33%	51%	7%	0%	59%	9%
Other psychoses	29	38%	38%	21%	0%	0%	34%	31%
Childhood psychoses	0	0%	0%	0%	0%	0%	0%	0%
Neurotic & other depressive disorders	194	54%	10%	46%	0%	0%	37%	11%
Personality disorders	8	50%	38%	63%	0%	0%	50%	13%
Other mental disorders	24	38%	25%	42%	0%	0%	29%	33%
Special symptoms or syndromes	16	25%	19%	19%	0%	0%	19%	0%
Stress & adjustment reactions	21	38%	14%	48%	0%	0%	33%	24%
Conduct disorders	1	100%	100%	0%	0%	0%	100%	0%
Emotional disturbances	0	0%	0%	0%	0%	0%	0%	0%
Hyperkinetic syndrome	1	0%	0%	0%	0%	0%	0%	0%
No Diagnosis	8	63%	63%	50%	0%	0%	63%	13%
Total	**506**	**50%**	**33%**	**44%**	**3%**	**0%**	**44%**	**27%**

Notes: The percentages shown do not add to 100 percent because service users with a specific diagnosis may use more than one type of drug. Psychotropic drugs are defined and grouped according to Multum prescription drug grouping software.

The diagnostic category for each user was the beneficiary's most frequent diagnosis category in the year.

FFS mental health beneficiaries include all FFS beneficiaries who had one or more of the mental health diagnoses shown in this table as a primary diagnosis on at least one Medicaid claim during 1999, or who received a clearly identifiable mental health service during the year (inpatient psychiatric service for age 65+ or under age 22, or nursing facility mental health service for age 65+).

Table9